

**CLAIMS ONLY**

Application Number

9/772593

Filing Date

**Applicant(s)**

CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT	
	Indep	Depend	Indep	Depend	Indep	Depend
1	/					
2		/				
3		/				
4		/				
5		/				
6		/				
7		/				
8		/				
9		/				
10		/				
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14	/					
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44		/				
45		/				
46		/				
47		/				
48		/				
49		/				
50		/				
Total Indep						
Total Depend						
Total Claims						

\* May be used for additional claims or amendments

	Indep	Depend	Indep	Depend	Indep	Depend
51		/				
52	/					
53		/				
54	/					
55		/				
56		/				
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93		/				
94		/				
95		/				
96		/				
97		/				
98		/				
99		/				
100		/				
Total Indep						
Total Depend						
Total Claims						